


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91250 026 \*\*\*150.00

<b>DOCUMENT # F01000000456</b>				
1. Entity Name CONSTRUCTION FORMS, INC.				
Principal Place of Business 777 MARITIME DRIVE PORT WASHINGTON WI 53074-0308		Mailing Address PO BOX 308 PORT WASHINGTON WI 53074-0308		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent  ADLER, DEAN 1060 WINDING WATER CIRLCE WINTER SPRINGS FL 32708				7. Name and Address of New Registered Agent
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				



MOORE CR2E034 (11/03)

4. FEI Number <b>39-1104344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTELIC, ALAN J	NAME	
STREET ADDRESS	777 MARITIME DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON WI	CITY-ST-ZIP	
TITLE	CAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNERAN, WILLIAM B	NAME	
STREET ADDRESS	12 EAST 49TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, ROBERT	NAME	
STREET ADDRESS	645 BEACHLAND BLVD., STE 2	STREET ADDRESS	963 A Beachland Blvd., Suite 13
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM	NAME	
STREET ADDRESS	885 3RD AVE STE 3020	STREET ADDRESS	445 PARK AVENUE, SUITE 1905
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	C.F.O.
STREET ADDRESS		STREET ADDRESS	SKAAR, GREGORY L.
CITY-ST-ZIP		CITY-ST-ZIP	777 MARITIME DR.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  Gregory L. Skaar 4/23/04 262-268-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #